

**CONSUMER DIRECTED OPTION
RIGHTS, RESPONSIBILITIES AND RISKS STATEMENTS**

I understand that I have the **RIGHT** to:

- Choose whether an authorized service will be provided by a traditional waiver provider or through Consumer Directed Option (CDO);
- Work with my support broker in developing my plan of care and support spending plan;
- Have a monthly face-to-face visit with my support broker and be informed of the balance remaining in my approved Consumer Directed Option budget; and
- Contact a support broker twenty-four (24) hours per day and seven (7) days per week if a need or question arises.

I understand that I have the **RESPONSIBILITY** to:

- Be trained to coordinate my care and manage my budget prior to beginning CDO services;
- Participate in monthly face-to-face visits with my support broker;
- Work with my support broker to determine my natural supports (family and friends) who can assist me when my CDO services are not being provided;
- Hire and train employees who I trust to perform the services outlined on my plan of care;
- Work with my support broker to ensure my employees are cleared through the criminal background check, Kentucky Nurse Aide Registry and Central Registry prior to starting services through CDO;
- Keep up with my employees' time and the services provided, and ensure timesheets and service notes are documented correctly before being submitted to my support broker;
- Stay within my approved CDO annual budget and plan of care;
- Pay my monthly patient liability on time, if applicable; and
- Maintain my eligibility for Medicaid as long as I continue to meet eligibility requirements.

I understand that I have the **RISK** of being terminated from Consumer Directed Option:

- If I fail to pay my monthly patient liability;
- If I do not use my Consumer Directed Option services within sixty (60) consecutive days;
- If I do not make appropriate decisions concerning my Consumer Directed Option services and place my health, safety and welfare in jeopardy;
- If I am non-compliant with my plan of care;
- If I, any of my employees, family members, or guardian may threaten or intimidate a support broker or any other CDO staff; and
- If I over-spend or mismanage my approved Consumer Directed Option budget.

As the consumer or designated representative choosing Consumer Directed Option, I have read the above Rights, Responsibilities and Risks statements. I have had all my questions answered by my support broker, and I have received a copy of these statements from my support broker. I further understand that if I submit any false information to the Department that I am subject to criminal prosecution, jeopardize my Consumer Directed Option eligibility, and will be required to return any benefits received.

Consumer/Representative Signature

Date

Guardian

Date

Support Broker Signature

Date

